Feb-07-2003 05:33pm From-ENGINEERING 120-314 973 429 6107 P.003 F-004

INDUSTRIAL
8110 8115 8120 8205
FEB 10 2003

SECTION A

1. Company Name MOUNTAINSIDE HOSPITAL
2. Permit Number if applicable: 10210001
3. Location: 1 BAY AVENUE
   MONTCLAIR, NJ Zip Code: 07042-4837
4. Mailing Address SAME AS #3
   Zip Code:
5. Person to contact concerning information provided in this application:
   Name of Contact Official: WILLIAM SCHNECK
   Title: DIRECTOR OF ENGINEERING Phone No. 973/429-6975
   Address 1 BAY AVENUE, MONTCLAIR, NJ Zip code 07042
6. Number of Employees – Full Time: 1200 Part Time: 300
   Number of Work Days Per Year: 365
   Number of Shifts Per Day: 3
7. If property is owned indicate block and lot number(s):
   BLOCK 92; LOT # 18, 919
   Assessed Value: 19
8. If property is rented indicate name and address of owner:
   NA OWN
   Total square feet rented: - 650,000 ft
9. List NJPDES Permit Number if applicable, NA and
   Name of receiving Body of Water entered

14,650,500.+
18,327,000.+
14,529,000.+
17,174,500.+
004
64,681,000.*

57,352,135.+
7,328,865.+
002
64,681,000.*

10. Water Source: (Circle all appropriate answers)

Purchased	(Y) - N		
Well	(Y) - N	If Y, is it metered	(Y) - N
River	Y - N	If Y, is it metered	Y - N

11. Name of purchased water supplier: BOROUGH OF GLEN RIDGE

List all Account #'s: 4T03; 4T04, 4T05

12. Water Received: From Mo. 10 Yr. 01 Through Mo. 09 Yr. 02

(* Next to a figure means it is estimated).

	PURCHASED	WELL	RIVER	TOTAL
1st Qtr.	14,650,500	Ø	NA	14,650,500
2nd Qtr.	18,327,000	Ø	NA	18,327,000
3rd Qtr.	14,529,000	Ø	NA	14,529,000
4th Qtr.	17,174,500	Ø	NA	17,174,500

GRAND TOTAL 64,681,000

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	57,352,135*	NA	
Process waste waster	NA	NA	
Cooling water	NA	NA	
Evaporation			7,328,865*
Contained in the product			NA
Other (describe)			NA

GRAND TOTAL 64,681,000*

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y (N) INCOMING WATER IS METERED
To the Combined Sewer	Y - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
NA			

SECTION C

OPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous _____

or intermittent _____ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed: HOSPITAL - HEALTH CARE SERVICES

List SIC CODE #: 8062 - GENERAL MEDICAL / SURGICAL HOSPITALS

18. Principal Raw Materials used: NA

19. Principal Products or Services: NA

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use: NA

Outlet _____ _____

Outlet _____ _____

Outlet _____ _____

22. Sampling information:

Outlet	Contains Industrial Waste	Sampler Type	Refrigerated

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Y - N)	Type	Date
NA				

24. Frequency of calibration of each flow meter: NA

25. Attach plot plan of the property showing:

(a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);

(b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).

(c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 10210001-1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	NA	1097*	Antimony (Sb)	NA
0500	Total Solids	2480	1002*	Arsenic (As)	NA
0505	Volatile Solids	1510	1022*	Boron (B)	NA
0530	Total Suspended Solids	1100	1027	Cadmium (Cd)	<0.0004
0540	Volatile Suspended Solids	784	1034*	Chromium Total (Cr)	NA
0555	(1)(3) Petroleum Hydrocarbons	<1.0	1042	Copper (Cu)	0.32
0310	Biochemical Oxygen Demand (BOD)	400	1045*	Iron (Fe)	1.58
			1051	Lead (Pb)	<0.002
0340	Chemical Oxygen Demand (COD)	1070	0720*(3)	Cyanide (Cn)	NA
			1900	Mercury (Report to 0.XXX)	0.0002
0680	Total Organic Carbon (TOC)	162	1067	Nickel (Ni)	<0.004
			1147*	Selenium (Se)	0.027
9000	pH(standard unit range)	7.62	1077*	Silver (Ag)	NA
0610	(1) Ammonia as N	8.9	1102*	Tin (Sn)	0.30
0550	(1)(3) Total Oil & Grease	12.6	1092	Zinc (Zn)	0.09
0745*	(1) Sulfide	NA	2730	Phenol	NA
0507*	(1) Ortho Phosphates as P	NA	4053*	Pesticides (Report to 0.XXX)	NA
0625*	(1) Kjeldahl N as N	39.9	0940*	Chlorides	NA
9998*	(2)(3) TTO (Report to 0.XXX)	NA	9999*(3)	TTVO (Report to 0.XXX)	NA

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
(2) See instructions.
(3) Grab sample required

Rev: 1/97
9/89
7/90
9/94
8/95
11/95
07/98

Samples collected by: TMK GKOJP

Date: 09/06/02

Sample analyzed by: STL - EDISON Date: 09/06/02

Products being manufactured when sample was collected: NA

27. Who performs the analyses of the samples for User Charge? STL - EDISON

28. Is the Laboratory certified by NJDEP to conduct all the analyses? (Y) - N 12028

29. Who performs the analyses of the samples for the Pretreatment Parameters?
NA

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N NA

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge..

PRETREATMENT

32. Industrial Category: NA

Subpart (s):

33. Compliance date(s): NA

34. Is facility in compliance? NA If not, and if compliance date has passed, explain actions being taken to get into compliance:

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: NA

36. Compliance schedule submitted: NA

If yes is facility on schedule? Explain if compliance date will not be met:

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?

If yes, describe NA

38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?

If yes, describe NA

39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N)

40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP:

Is there any plan to discharge groundwater?

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: MARVIN O. QUINN
Print Name

TITLE: EXECUTIVE VICE PRESIDENT

2/7/03
DATE

SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

a. Principal Officer of Corporation

b. President or Owner of Company

c. General Partner if a Partnership

d. Plant Manager or Authorized Representative

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
Acenaphthene				X	2.4 dimethylphenol				X
acrolein					2.4 dinitrotoluene				
acrylonitrile					2.6 dinitrotoluene				
benzene					1.2 diphenylhydrazine				
benzidine					ethylbenzene				
carbon tetrachloride (tetrachloromethane)					fluoranthene				
					4-chlorophenyl phenyl ether				
chlorobenzene					4-bromophenyl phenyl ether				
1.2.4-trichchlorobenzene					bis(2-chlorosispropyl) ether				
hexachlorobenzene					bis(2-chloroethoxy) methane				
1.2 dichloroethane					methylene chloride(dichloromethane)				
1.1.1 trichlorethane									
hexachloroethane					methyl chloride (chloromethane)				
1.1.dichloroethane									
1.1.2 trichloroethane					methyl bromide (bromomethane)				
1.1.2.2 tetrachloroethane									
chlorethane					bromoform(tribomomethane)				
bis(chloromethyl) ether					dichlorobromomethane				
Bis(2 chloroethyl) ether					trichlorofluoromethane				
2-chloroethyl vinyl ether mixed					dichclorodifuoromethane				
2-chloronaphthalene					chlorodibromomethane				
2.4.6. trichlorophenol					hexachlorobutadiene				
parachlorometa cresol					hexachlorocyclopentadiene				
Chloroform (trichloromethane)					isophorone				
2 chlorophenol					naphthalene				
1.2. dichlorobenzene					nitrobenzene				
1.3. dichlorobenzene					2-nitrophenol				
1.4. dichlorobenzene					4-nitrophenol				
3.3. dichlorobenzidine					2.4-dinitrophenol				
1.1.dichloroethylene					4.6 dinitro-o cresol				
1.2 trans-dichloroethylene					N-nitrosodimethylamine				
2.4.dichlorophenol					N-nitrosodiphenlamine				
1.2. dichloropropane					N-nitrosodi-n-propivamine				
1.3. dichloropropylene					pentachlorophenol				V
(1.3 dichclor propene)				V	phenol	X			

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				X	endrin				X
butylbenzylphthalate					endrin aldehyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthane					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony(total)				
indeno (1,2,3-c,d) pyrene					arsenic (total				
pyrene					asbestos (fibrous)				V
tetrachloroethylene					beryllium (total)				X
toluene					cadmium (total)			X	
trichloroethylene					chromium (total)				X
vinyl chloride					copper (total)	X			
aldrin					cyanide (total)				X
dieldrin					lead (total)			X	
chlordane					mercury (total)	X			
4,4 DDT					nickel (total)			X	
4,4, DDE					selenium (total)	X			
4,4, DDD					silver (total)			X	
endosulfan I					thallium (total)				X
endosulfan II					zinc (total)	X			
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo				X
				V	p-dioxin				X

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acrylamide				X	n,n-dimethyl aniline		X		
amitrole					3,3-dimethyl benzidine				X
amyl alcohols					1,1-dimethylhydrazine				
aniline hydrochloride					dioxane				
anisole					diphynylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloraniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloraniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine				
2,3-dichloroaniline					sudan 1 (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				V
3,5-dichloroaniline					xylidines				
1,3-dichloropropene									
1,3-dimethoxybenzidine				V					

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acetaldehyde				X	isopropanolamine				X
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					styrene				
dimethylamine					2,4,5-T (2,4,5-trichloro-phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro-diphenylethane)				
diquat					2,4,5-TP 2(2,4,5-trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin					trimethylamine				
				▽	propanoic acid				▽

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

NAME	A	B	C	D
ethanolamine				X
ethion				
ethylene diamine				
ethylene dibromide				
formaldehyde				
furfural				
guthion				
isoprene				

	A	B	C	D
uranium				X
vanadium				
vinyl acetate				
xylene				
xylenol				
zirconium				

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE
(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

AHS HOSPITAL CORP./MOUNTAINSIDE HOSPITAL CAMPUS

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

MOUNTAINSIDE HOSPITAL

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Corporation
- ☐ Other (describe)
- ☐ Trust
- ☐ Joint Venture
- ☒ Non-Profit Corporation
- ☐ Limited Liability Company

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Maintenance Dept
Street Address: 1 Bay Ave
City, State & Zip Code: Montclair, NJ 07042
Business Telephone: Office: 973-429-6155, 6975
Emergency Telephone: 973-429-6000 Ext 5381

REGISTERED AGENT: Identify the name and address of the Corporations's Registered Agent:

Name: Stephen Sepaniak

Company Name: AHS HOSPITAL CORP.

Street Address: 325 Columbia Turnpike, P.O. Box 959

City, State & Zip Code: Florham Park, New Jersey 07932

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: New Jersey

Date: May 1, 1996

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: N/A

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.

☐ General partnership ☐ Limited Partnership

PARTNERS: Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: N/A

Street Address:

City, State & Zip Code:

Name:

Street Address:

City, State & Zip Code:

proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

The entity is a not-for-profit corporation organized under Title 15A of the New Jersey Statutes. It is a 501(c)(3) corporation. The sole member of the corporation is Atlantic Health System, Inc., also a New Jersey non-profit corporation and 501(c)(3) tax-exempt entity.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 1/22/03

Signature

William Schneck, Facilities Mgr

Print Title & Position

Feb-11-2003 11:27am From-ENGINEERING 973 429 6107 T-917 P.001/003 F-017

MOUNTAINSIDE HOSPITAL
1 BAY AVENUE
MONTCLAIR, NJ 07042
973.429.6155 PHONE
973.429.6107 FAX

Fax

To: Angie From: Gene

Fax: Date: 2-11-03

Phone: Pages:

Re: CC: 973-344-4876

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

As requested

INDUSTRIAL
8110 8115 8120 8205
FEB 11 2003

Result List

Sample	Method Id	Collected	Analyte	Matrix	Result	RL	Qual	Units	Dry Wt
MH-09	160.2	9/6/2002	Total Suspended Solids	WATER	1100	10.0		mg/l	NA
MH-09	160.3	9/6/2002	Total Solids	WATER	2480	10.0		mg/l	NA
MH-09	160.4	9/6/2002	Total Volatile Suspended Solids	WATER	784	10.0		mg/l	NA
MH-09	160.4	9/6/2002	Volatile Solids	WATER	1510	10.0		mg/l	NA
MH-09	200.7	9/6/2002	Silver	WATER	27.1	0.70		ug/l	NA
MH-09	200.7	9/6/2002	Cadmium	WATER		0.40	U	ug/l	NA
MH-09	200.7	9/6/2002	Copper	WATER	31.8	2.1		ug/l	NA
MH-09	200.7	9/6/2002	Iron	WATER	1580	39.7		ug/l	NA
MH-09	200.7	9/6/2002	Nickel	WATER		3.9	U	ug/l	NA
MH-09	200.7	9/6/2002	Lead	WATER		2.2	U	ug/l	NA
MH-09	200.7	9/6/2002	Selenium	WATER		3.9	U	ug/l	NA
MH-09	200.7	9/6/2002	Zinc	WATER	295	5.8		ug/l	NA
MH-09	245.1	9/6/2002	Mercury	WATER	0.22	0.10		ug/l	NA
MH-09	350.1	9/6/2002	Ammonia	WATER	8.9	0.1		mg/l	NA
MH-09	351.2	9/6/2002	Total Kjeldahl Nitrogen	WATER	39.9	0.5		mg/l	NA
MH-09	405.1	9/6/2002	BOD	WATER	400	5.0		mg/l	NA
MH-09	410.4	9/6/2002	COD	WATER	1070	10.0		mg/l	NA
MH-09	413.1	9/6/2002	Oil & Grease	WATER	12.6	10.0		mg/l	NA
MH-09	415.1	9/6/2002	Total Organic Carbon	WATER	162	1.0		mg/l	NA
MH-09	418.1	9/6/2002	Total Petroleum Hydrocarbons (418.1)	WATER		1.0	U	mg/l	NA
MH-09	420.2	9/6/2002	Total Phenols	WATER	0.091	0.05		mg/l	NA

Note that spike results and any results that have not been reviewed have been suppressed from this display.

November 20, 2002

Field Sample Analysis Report

Sample ID	Client	Project No.	Sample Location	Matrix
1	Mountainside Hospital 1 Bay Avenue Montclair, NJ 07042	0600166	Manhole by Bay Avenue	AQ

Sample ID	Sample Date	Time of Sampling	Time of Analysis	Analysis	Result	Units
1	11/08/02	14:15	14:15	Field pH	7.62	std unit

Equipment: Horiba Water-Checker (U-110, Multiple-Sensor)
Equipment Calibrated: Yes
Calibration Personnel: Kate Angielska, PMK Group
Date/Time of Calibration: 11/08/02, 09:00
Sampler Name: Tipu Sultan, PMK Group

PMK Group
65 Jackson Drive, Cranford, New Jersey 07016
1415 Wyckoff Road, Suite 206, Farmingdale, New Jersey 07727
401 Route #73 North, Marlton, New Jersey 08053

NJDEP Certification # 20020

Feb-07-2003 05:33pm From-ENGINEERING 973 429 6107 T-914 P.001 F-004

ARAMARK

Mountainside Hosp

Fax

6155

To: Angie From: Geri Roatti

Fax: 973-817-5922 Pages: 18

Phone: Date: 2/7/03

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Angie -

Here is our permit as discussed last. Copy a check to follow under slp. Cover —

5/2/03 Spoke to Maria Campoverde, told her to send in updated site plan. @

PMK Group
CONSULTING & ENVIRONMENTAL ENGINEERS

Facsimile Cover Sheet

To: Anthony Gammaro
Company: Passaic Valley Sewerage Commissioners
Phone: (973) 817-5780
Fax: (973) 344-4876

From: Maria Campoverde
Company: PMK Group
Address: 65 Jackson Drive, Cranford, NJ 07016
Phone: (908) 497-8900
Fax: (908) 497-8942

Date: May 2, 2003
Pages including this cover page: 2

INDUSTRIAL
8110 8115 8120 8205
MAY 2 2003

Comments:

Mr Gammaro,

Attached is the letter that was sent to PVSC along with the renewal application. Please make a note that our site plan included both former and proposed sampling outlet. If you have any other question, please contact Chris Gulics or myself at (908) 497-8900.

Sincerely,
Maria Campoverde
Field Scientist/Engineer II

5/2/03 Spoke to John O'Connor regarding sample point. Told him OK to use new sample point

Jane

PMK Group
CONSULTING & ENVIRONMENTAL ENGINEERS

January 8, 2003

Passaic Valley Sewerage Commissioners
Industrial Department
600 Wilson Avenue
Newark, New Jersey 07105

ATTN: ANDY CALTAGIRONE, MANAGER OF INDUSTRIAL AND POLLUTION CONTROL

RE: PVSC SEWER USE PERMIT #10210001 RENEWAL
MOUNTAINSIDE HOSPITAL
PMK GROUP #0602221

Dear Mr. Caltagirone:

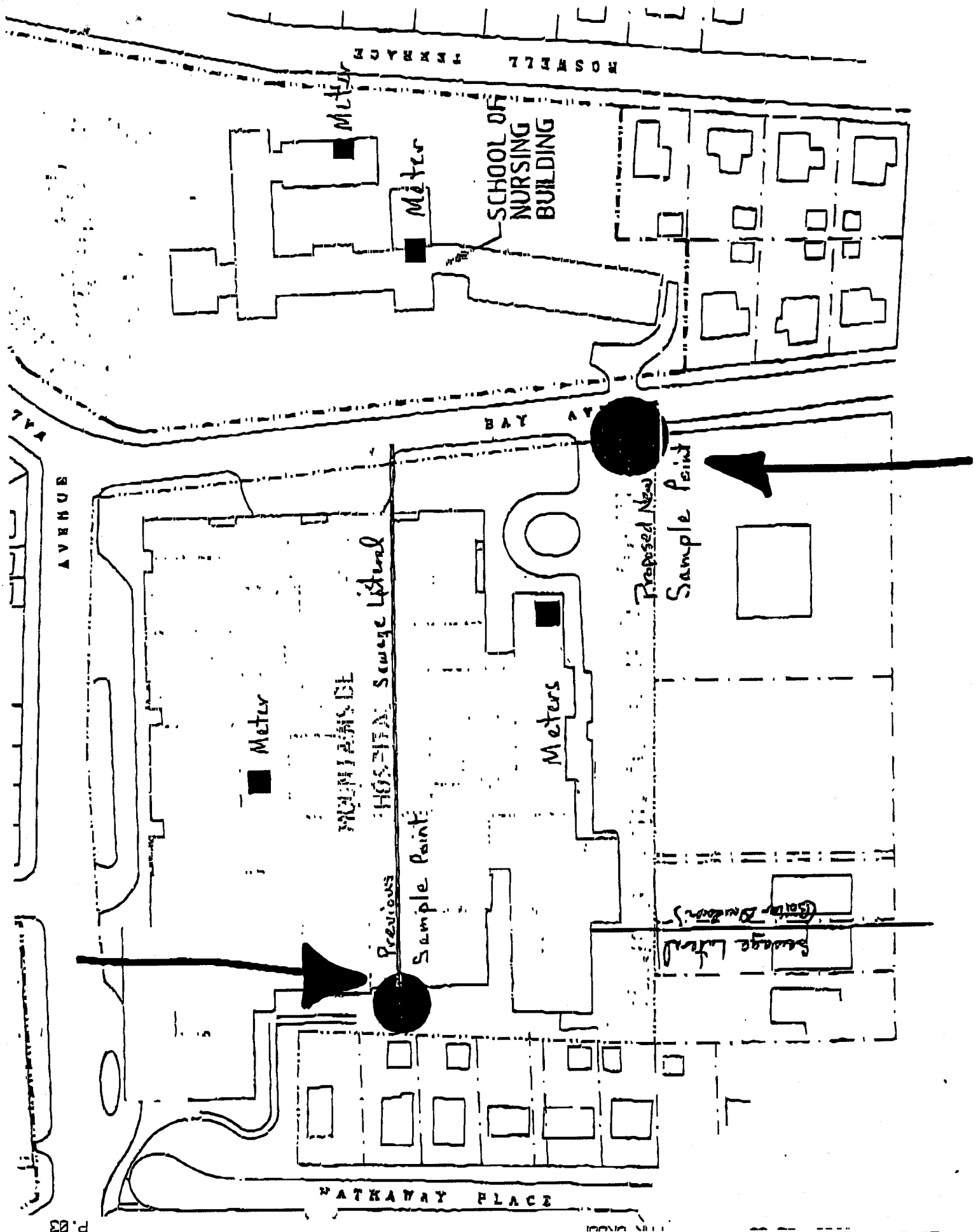
Please find enclosed, the Sewer Use Permit Renewal Application for Mountainside Hospital (#10210001) located in Montclair, New Jersey. In addition, please note that the sample outlet plan located within the application depicts an alternative sampling outlet located along Bay Avenue. Mountainside is requesting this change due to several costly repairs of the sewerage injection pumps located in the original outlet that were previously damaged by the sampling hose and strainer used to collected the samples. The proposed outlet located along Bay Avenue is downgradient of the original sample location and does not contain any mechanical equipment that can be damaged by our sampling equipment.

Please do not hesitate to contact us if you have any questions regarding the information contained herein.

Respectfully submitted,

PMK Group

Christopher E. Gulics
Project Manager
Enclosure
M:\REG\Project Data\Air-Water\0602221 - Mountainside Renewal\0602221L010303Renewal cover.doc
cc: Anthony Gammaro, PVSC
William Schneck, Mountainside Hospital
Richard Erickson, PMK


SCHOOL OF NURSING BUILDING
Meter
Meter
BAY AVENUE
Proposed New Sample Point
Meters
Meter
Previous Sample Point
WATKAWAY PLACE